

KAP Keys Based on TIPs 31 and 32

Screening and Assessing Adolescents
for Substance Use Disorders and Treatment
of Adolescents With Substance Use Disorders

CSAT's Knowledge Application Program

KAP Keys

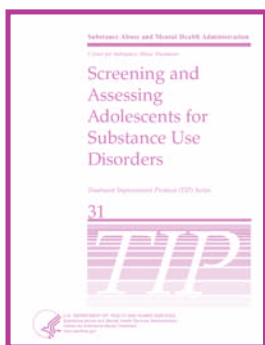
For Clinicians

Based on TIP 31

*Screening and Assessing
Adolescents for Substance
Use Disorders*

and TIP 32

*Treatment of Adolescents
With Substance Use
Disorders*



Substance Abuse and Mental Health Services Administration

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Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based almost entirely on TIPs 31 and 32 and are designed to meet the needs of the busy clinician for concise, easily accessed “how-to” information.

For more information on the topics in these KAP Keys, see TIPs 31 and 32.

Other Treatment Improvement Protocols that are relevant to these KAP Keys:

TIP 21, *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System (1995)*

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)*

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse (1999)*

Indicators of the Need To Screen Adolescents for Substance Abuse

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Indicators Related to Substance Use

- Use of substances during childhood or early teenage years
- Substance use before or during school
- Peer involvement in substance use
- Daily use of one or more substances

Indicators Related to Psychosocial Issues

- Physical or sexual abuse
- Parental substance abuse (including driving under the influence/driving while intoxicated)
- Sudden downturns in school performance or attendance
- Peer involvement in serious crime
- A marked change in physical health
- Involvement in serious delinquency or crimes
- Activities that put youth at risk for HIV (e.g., intravenous drug use, sex with an intravenous drug user)
- Psychological problems (e.g., suicidal ideation, depression)

Adapted from TIP 31, Screenshot and Assessing Adolescents for Substance Use Disorders, page 11.

Screening

What To Assess

- Substance use disorder severity, plus
 - Home life
 - Psychiatric status
 - School status

Methods To Use

- Short questionnaire
- Brief interviews

Whom To Question

- Client
- Parent(s)

Comprehensive Assessment

What To Assess

- Substance use disorder severity, plus
 - Home life
 - Delinquency history
 - Physical/sexual abuse history
 - Medical status
 - Learning status
 - In-depth psychiatric status
 - Environmental risks
 - Environmental assets/strengths
 - Sexual behavior
 - Developmental status
 - Leisure and recreation preferences
 - Family dynamics

Methods To Use

- Standardized questionnaire
- Structured interviews
- Laboratory tests
- Direct observation
- Diagnostic tests
- Checking records of previous treatment

Whom To Question

- Client
- Parent(s)
- Significant others

Approximate Duration of Detectability of Alcohol and Selected Drugs*

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Drug	Duration of Detectability
Alcohol	Very short [†]
Amphetamine	2-4 days
Methamphetamine	2-4 days
Barbiturates (most types)	2-4 days
Phenobarbital	Up to 30 days
Benzodiazepines	Up to 30 days
Cocaine	12-72 hours
Methadone	2-4 days
Opioids (heroin, codeine)	2-4 days
Marijuana (casual use)	2-7 days
Marijuana (chronic use)	Up to 30 days
Phencyclidine (PCP) (casual use)	2-7 days
PCP (chronic use)	Up to 30 days

*Many variables should be considered when using these general guidelines: drug metabolism and half-life; the youth’s physical condition, fluid balance, and hydration status; the route and frequency of ingestion.

[†]The period of detection depends on the amount consumed. Approximately 1 ounce of alcohol is excreted per hour.

Adolescent Alcohol and Drug Involvement Scale (AADIS)**(Interview Version)**

These questions refer to your use of alcohol and drugs (such as marijuana/weed or cocaine/rock). For each question, please tell me which of the answers best describes your use of alcohol and/or drugs. If none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, tell me and we will leave it blank. If you are in custody or treatment, please answer regarding the time you were living in the community before you were taken into custody or entered treatment.

1. How often do you use alcohol or drugs (such as weed or rock)?
 - a. [0] never
 - b. [2] once or twice/year
 - c. [3] once or twice/month
 - d. [4] every weekend
 - e. [5] several times/week
 - f. [6] every day
 - g. [7] several times/day
2. When did you last use alcohol or drugs?
 - a. [0] never used
 - b. [2] not for more than a year
 - c. [3] between 6 months and 1 year before
 - d. [4] several weeks before
 - e. [5] the last week before I came here
 - f. [6] the day before I came here
 - g. [7] the same day I came here
3. I usually start to drink or use drugs because (CIRCLE ALL MENTIONS):
 - a. [1] I like the feeling
 - b. [2] I want to be like my friends
 - c. [3] I am bored; or just to have fun ("kickin' it")
 - d. [4] I feel stressed, nervous, or tense
 - e. [5] I feel sad, lonely, or sorry for myself
4. What do you drink, when you drink alcohol?
 - a. [1] wine
 - b. [2] beer
 - c. [3] mixed drinks
 - d. [4] hard liquor (vodka, whisky, etc.)
 - e. [5] a substitute for alcohol

Sample Screening Instrument (continued)

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5. How do you get your alcohol or drugs? (CIRCLE ALL MENTIONS)
- a. [1] from parents or relatives (under supervision)
 - b. [2] from brothers or sisters
 - c. [3] from home (without parents' knowledge)
 - d. [4] from friends
 - e. [5] I buy my own (on the street or with false ID)
6. When did you first use drugs or take your first drink? (CIRCLE ONE)
- a. [0] never
 - b. [2] after age 15
 - c. [3] at age 14 or 15
 - d. [4] at age 12 or 13
 - e. [5] at age 10 or 11
 - f. [6] before age 10

FOR THE FOLLOWING, CIRCLE ALL THAT APPLY

7. What time of day do you use alcohol or drugs?
- a. [1] at night
 - b. [2] in the afternoons/after school
 - c. [3] before or during school or work
 - d. [4] in the morning or when I first awaken
 - e. [5] I often get out of bed at night to use alcohol or drugs
8. Why did you first drink or use drugs?
- a. [1] curiosity
 - b. [2] my parents or relatives offered it/them
 - c. [3] my friends encouraged me; to have fun
 - d. [4] to get away from my problems
 - e. [5] to get high or drunk
9. When you drink alcohol, how much do you usually drink
- a. [1] 1 drink
 - b. [2] 2 drinks
 - c. [3] 3 or 4 drinks
 - d. [4] 5-9 drinks
 - e. [5] 10 or more drinks
10. Whom do you drink or use drugs with?
- a. [1] my parents or adult relatives
 - b. [2] my brothers or sisters
 - c. [3] my friends or relatives own age
 - d. [4] my older friends
 - e. [5] alone

Continued

Sample Screening Instrument (continued)

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11. What effects have you experienced as a result of drinking or using drugs?
 - a. [1] a loose, easy feeling
 - b. [2] got moderately high
 - c. [3] got drunk or wasted
 - d. [4] became ill
 - e. [5] passed out or overdosed
 - f. [6] used a lot and the next day didn't remember what happened
12. What effects has using alcohol or drugs had on your life?
 - a. [0] none
 - b. [2] it interfered with my talking to someone
 - c. [3] it prevented me from having a good time
 - d. [4] it interfered with my school work
 - e. [5] I lost friends
 - f. [6] I got into trouble at home
 - g. [7] I got in a fight or destroyed property
 - h. [8] it resulted in an accident, injury, arrest, punishment at school
13. How do you feel about your use of alcohol or drugs?
 - a. [0] it's no problem at all
 - b. [1] I can control it and set limits for myself
 - c. [3] I can control myself, but my friends easily influence me
 - d. [4] I often feel bad
 - e. [5] I need help to control myself
 - f. [6] I have had professional help to control my drinking or drug use
14. How do others see you in relation to your alcohol or drug use?
 - a. [0] they can't say or think it's normal for my age
 - b. [2] my family and friends say when I use I tend to neglect my family or friends
 - c. [3] my family or friends advise me to control or cut down on my use
 - d. [4] my family or friends tell me to get help for my alcohol or drug use
 - e. [5] my family or friends have already gone for help about my use

Continued on back

Sample Screening Instrument (continued)

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Scoring

For items 1-14, add the numbers in brackets. If more than one answer is circled, use the highest. The higher the total score, the more serious the level of alcohol/drug involvement.

AADIS Score:_____

(A score of 37 or above requires a full assessment)

Note: The screener can also recommend a FULL ASSESSMENT regardless of the AADIS score.

Adapted from Winters, K.C., Botzet, A., Anderson, N., Bellehumeur, T., and Egan, E. "Screening and Assessment Study." Unpublished report prepared for the State of Wisconsin Department of Corrections, Wisconsin Division of Juvenile Corrections, by the Center for Adolescent Substance Abuse Research, Department of Psychiatry, University of Minnesota, March 2001.

Adolescent Treatment: Client Assessment Criteria

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Use Pattern	Type of Treatment
If the assessment finds	Appropriate action/treatment:
<ul style="list-style-type: none">■ No history of use■ No current use	Primary prevention
<ul style="list-style-type: none">■ History of use■ No current use	Anticipatory guidance and support
<ul style="list-style-type: none">■ Problem(s) resulting from use and■ Low-to-moderate current use	Brief office intervention Outpatient treatment
<ul style="list-style-type: none">■ Problem(s) resulting from use and■ Moderate-to-heavy recent use	Intensive outpatient treatment Day treatment Partial hospitalization Other, more intensive levels of care

Adapted from TIP 32, *Treatment of Adolescents With Substance Use Disorders*, pages 16 and 17.

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Ordering Information

TIP 31

*Screening and Assessing Adolescents for
Substance Use Disorders
and*

TIP 32

*Treatment of Adolescents With Substance
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